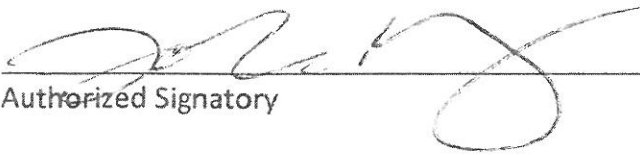


Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License


Authorized Signatory

November 18, 2016

Date

John R. Tully, Manager of OSCC, LLC
Printed Name

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Name OSCC, LLC	Title Applicant	SSN/FEIN	DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address	City Warwick	State RI	Zip 02886	Phone Number
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name John R. Tully	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address	City Warwick	State RI	ZIP 02889	Phone Number
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name Brett E. Fish	Title Member	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address	City Saunderstown	State RI	ZIP 02874	Phone Number
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Parent Business				
Name John F. Kenyon	Title Member	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address	City Saunderstown	State RI	ZIP 02874	Phone Number
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

Name John May	Title Member	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address	City Saunderstown	State RI	ZIP 02874	Phone Number
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant		
Name David C. Hughes	Title Member	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address	City Greene	State RI	ZIP 02827	Phone Number
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant		
Name BDW Holding Company, LLC	Title Member	SSN/FEI		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City Narragansett	State RI	ZIP 02882	Phone Number
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant		

See attached sheet

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest


 Authorized Signatory

November 18, 2016

Date

John R. Tully, Manager of OSOC, LLC
 Printed Name

Name Bret D. Williams	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address [REDACTED]	City Narragansett	State RI	ZIP 02882	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]	Effective Own. % in Applicant [REDACTED]		